

tender, and the glands along the anterior margin of the sterno-mastoid muscle of the left side were enlarged, firm, and tender, the gland at the angle of the jaw being most affected; it was quite large and sensitive. The glands on the right side were not affected, and those in other parts of the body showed no change. The pharynx and tonsils were slightly reddened, but not painful nor swollen. Movement of the jaws or swallowing did not give pain except as the neck was disturbed. The bowels were constipated, requiring rather large doses of medicine to move them. The tongue was coated, and there was no appetite. He slept fairly well. The spleen was palpable below the costal margin.

Calomel, followed by salines, was given to move the bowels, and phenacetine for rest and comfort. Next day the condition was about the same. The glands on the right side of the neck were somewhat swollen, but never attained the size of those on the left side. On the 19th the temperature was normal and the left cervical glands were smaller, except the one at the angle of the jaw; it was rather larger. Next day this gland had increased in size slightly, and was tender, and the temperature was slightly elevated again. The neck was more freely moveable. The other glands were becoming reduced in size. It was feared that suppuration had begun in this large gland. A coating of iodoform in flexile collodion was applied to it. Two days later (22nd) the temperature was normal and the gland slightly reduced in size. The neck was moved with more freedom, and there was general improvement. There was quite marked anæmia; it required a couple of weeks before the gland was restored to its normal condition.

There were two other boys in the family, eight and eleven respectively, but neither of them became affected. Three weeks later the eldest took mumps; the contagion spread to the second boy, and later the youngest, who had just recovered from the glandular fever, passed through a well-defined course of the disease, showing that the glandular affection afforded no protection against the parotitis.

The history of this case gives a fairly accurate description of the affection known as glandular fever. It was first described in 1889 by E. Pfeiffer,* who claimed that it was an acute specific fever until then unrecognized and gave it its name. The affection occurs in children under fourteen years of age. It sets in suddenly; the temperature is raised to even 103° or 104° F. There is loss of appetite, thirst, coated tongue, constipation, and severe general pains.

*Jahrbuch für Kinderheilkunde, Band xxix.